VIRGINIA DEPARTMENT OF HISTORIC RESOURCES APPLICATION FOR ARCHEOLOGICAL INVESTIGATIONS ON STATE-CONTROLLED LANDS

Please print or type all answers.

If you have any questions about completing this form, please contact Roger Kirchen in the Office of Review and Compliance at (804) 482-6091 or roger.kirchen@dhr.virginia.gov.

1.	Applicant's Contact Info	rmation:			
	Full Name:				
	Organization:				
	Street Address:				
	City, State, Zip Code:				
	Telephone number: ()	Fax number: ()	
	E-mail:				
2.	Archaeologist's Contact Information: (if different from above)				
	Full Name:				
	Organization:				
	Street Address:				
	City, State, Zip Code:				
	Telephone number: (_)	Fax number: ()	
	E-mail:				
3.	Property Owner's Contact Information: (if different from above)				
	Full Name:				
	Organization:				
	Street Address:				
	City, State, Zip Code:				
	Telephone number: (
	E-mail:				
4.	Project Information				
	Project Name:				
	DHR File No. (if assigned)				
	City/County:				
	Unit of State-Controlled Property:				
	Recorded Resources within Study Area:				
	Reason for Permit Request				
5.	Expected Timetable For:				
	Excavation:	Analycic		Reporting:	
	LACUVUIII.	<i>i</i> xiiai ysis	:		

- 6. Attach USGS quadrangle map showing the area(s) to be investigated. A supplemental map showing greater detail should also be attached, if appropriate.
- 7. Attach the results of a DHR Archives Search.
- 8. Attach an explicit statement of the goals and objectives of the project.

This statement shall include a detailed research design, summary of previous documentary and archeological research on the area relevant to the goals and objectives of the project, the proposed methodology for the field investigations, artifact analysis and scientific analyses, if any, together with a justification for these methods proposed based on the expectations arising from the background research. The investigation and reporting must meet the Federal standards entitled *Archeology and Historic Preservation: Secretary of the Interior's Standards and Guidelines* (48 FR 44716-44742, September 29, 1983) and the department's *Guidelines for Conducting Historic Resources Survey in Virginia (October 2011)*.

9. Attach the vita of the archaeologist who will perform the work in sufficient detail to allow independent verification that the person's qualifications are consistent with the Federal standards outlined in 36 CFR §61.

ALL APPLICANTS MUST SIGN

I hereby apply for the permit for the activities I have described herein. I am aware that all artifacts recovered pursuant to this permit remain the property of the state. I agree to allow the duly authorized representatives of the Department of Historic Resources to enter upon the property at reasonable times to inspect and photograph site conditions.

I hereby certify that the information submitted in this application is true and accurate to the best of my knowledge.

Applicant's Signature	Date
Property Owner's Signature	Date

REMINDER: Be sure to include attachments for items 6 through 9 above along with this basic application form. Mail the completed application to:

Roger W. Kirchen Office of Review and Compliance Department of Historic Resources 2801 Kensington Avenue Richmond, Virginia 23221